

10/551612

JC20 Rec'd PCT/PTO 30 SEP 2005

Application Data Sheet

Application Information

| | |
|----------------------------------|---|
| Application type:: | Regular |
| Subject matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | |
| Computer readable form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | CARIES RISK TEST FOR PREDICTING AND ASSESSING THE RISK OF DISEASE |
| Attorney docket number:: | 19644-005US1 |
| Request for early publication?:: | No |
| Request for non-publication?:: | No |
| Suggested drawing figure:: | 19 |
| Total drawing sheets:: | 17 |
| Small entity?:: | Yes |
| Latin Name:: | |
| Variety denomination name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full capacity

Given Name:: Patricia

Middle Name::

Family Name:: Denny

Name Suffix::

City of Residence:: Los Angeles

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 2921 St. Albans Drive

City of mailing address:: Los Alamitos

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 90720

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full capacity

Given Name:: Paul

Middle Name:: C.

Family Name:: Denny

Name Suffix::
City of Residence:: Los Angeles
State or Province of Residence:: CA
Country of Residence:: US

Street of mailing address:: 2921 St. Albans Drive

City of mailing address:: Los Alamitos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90720

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full capacity
Given Name:: Mahvash
Middle Name::
Family Name:: Navazesh
Name Suffix::
City of Residence:: Los Angeles
State or Province of Residence:: CA
Country of Residence:: US

Street of mailing address:: 2921 St. Albans Drive

City of mailing address:: Los Alamitos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90720

Correspondence Information

Correspondence Customer Number:: 26181

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax number::

E-mail address::

Representative Information

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
| Primary | 44,164 | Ping F. Hwung |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-------------------|-------------------|----------------------|----------------------|
| PCT/US2004/010169 | Claims benefit of | 60/459,878 | 4/1/2003 |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority claimed:: |
|-----------|----------------------|---------------|--------------------|
| WIPO | PCT/US2004/010169 | 4/1/2004 | Yes |

Assignee Information

Assignee name:: Proactive Oral Solutions, Inc.

Street of mailing address:: 2921 St. Albans Drive

City of mailing address:: Los Alamitos

State or province of mailing address:: CA

Country of mailing address:: US

Postal or zip code of mailing address:: 90720